

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001754

Entity Name: COMMUNITY EDUCATION CENTERS, INC.**Current Principal Place of Business:**35 FAIRFELD PLACE
WEST CALDWELL, NJ 07006**Current Mailing Address:**35 FAIRFELD PLACE
WEST CALDWELL, NJ 07006**FEI Number: 22-3457238****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name HYMAN, JAMES
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title DIRECTOR
Name DIEBER, MICHAEL
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title DIRECTOR
Name AHN, SOYOUN
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title SECRETARY
Name SHANNON, DEBRA
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title DIRECTOR
Name MILLER, JIM
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title DIRECTOR
Name SHINDER, RICHARD
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title DIRECTOR
Name HAMRAH, CRAIG
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

Title TREASURER
Name HELLERIEGEL, MICHAEL
Address 35 FAIRFELD PLACE
City-State-Zip: WEST CALDWELL NJ 07006

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA SHANNON**SECRETARY****04/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date